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ABSTRACT

A survey attempted to gather baseline data from 69 rehabilitation counselors in the state of Mississippi on rehabilitation concerns with clients suffering from traumatic brain injury (TBI). Among survey results were: counselors ranked the psychological domain as the most problematical with the educational domain ranked as least problematical; counselors ranked the psychological domain as the most important; counselors rated specific concerns within each of seven domains (educational, financial, independent living, physical, psychological, social, and vocational); most counselors served five or less TBI clients; counselors reported availability of rehabilitation services to TBI clients; counselors reported treatment resources utilized by TBI clients; and counselors' level of knowledge concerning TBI was not as high as it should be. It was concluded that many counselors lack knowledge of state-wide services and resources available for this population; need training in assessment, identification, and treatment; and lack specific work experience with this population. (DB)

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MISSISSIPPI VOCATIONAL REHABILITATION COUNSELORS TRAUMATIC BRAIN INJURY SURVEY

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Introduction

Traumatic Brain Injury (TBI) is defined as brain damage from externally inflicted trauma to the head that results in a significant impairment to an individual's physical, psychological, and or cognitive functional abilities (Kaplan 1985). Kaplan states that the damage is characterized by altered states of consciousness, coma and/or postrauma amnesia during the acute phase after injury. The duration varies greatly among clients. Most clients are males ages 15-24 with minimal work histories. The National Head Injury Foundation (1984) reported that every year 30,000 to 50,000 of the 400,000 to 600,000 TBI clients have noticeable physical, social, and cognitive deficits severe enough to prevent return to previous levels of functioning. Automobile accidents are the main source of TBI clients verified by the above report. According to Rehab Brief (1986), the recovery period may take well over a year and residual deficits by area are:

physical - gait, spasticity, speech, vision, balance, seizures.
cognitive - alertness, attention, learning, memory, abstraction, conceptualization, problem solving.
executive - planning, organizing, modulating, monitoring, evaluating, regulating, self-correct behavior.
psychosocial - social inappropriateness, emotions, sexual disinhibitions, temper outbursts, "personality changes,"

Clients appear to be lazy, unmotivated and unreliable. When these behaviors are understood as deficits resulting from TBI, rational and effective rehabilitation plans can be implemented. TBI clients often appear more alienated and less cooperative than other clients. They may be irritable, impatient and rude. Vocational Rehabilitation (VR) counselors working with this group need clear insight, patience, and self control, coupled with solid training and awareness of the possibilities needed for successful outcomes (Rehab Brief, 1986).

The unprecedented growth of TBI clients has become recognized as a "silent epidemic" and the government has recommended that the rehabilitation community give this population special emphasis (Rehab Brief, 1986).

Mississippi, like other states, has many TBI clients, but at the present no specific data base exists to illuminate the situation as it relates to these particular clients. The rehabilitation community in Mississippi is in need of initial research to establish base line data concerning this population and the unique problems it may have or may foster in the future.

Administrators armed with this data will know better how to plan the distribution of services throughout the state. They will have an estimate of the incidence of TBI clients served by the agencies which will allow comparisons with national incidence data. Data from this study may also provide rehabilitation administrators with

counselors' perceptions of the problem service areas affecting rehabilitation outcomes, the incidence of services utilized, treatment resources available, and estimates of counselors' general knowledge level of TBI. Administrators can plan services for TBI clients and also train counselors to remove gaps in their knowledge and identification of this newly identified population thrust by the national government.

Purpose of the Study

The purpose of this study was to gather baseline data in the state of Mississippi from and for practicing rehabilitation counselors to traumatically brain injured patients. To this end the following objectives were formulated:

1. to investigate which domains of impairment are most problematic in causing persisting disabilities in TBI clients;

2. to assess degree of importance placed on domains of impairment in rehabilitation outcomes;

3. to assess specific areas within domains ranked as problematic in rehabilitation of TBI clients;

4. to tabulate the incidence of TBI clients served by counselors since beginning with the agency, assess proportion of present

caseload representing TBI clients, and to ascertain the average number of years counselors have been employed by the agency;

5. to ascertain availability of services for TBI clients in Mississippi;

6. to tabulate frequency of treatment resources counselors have utilized in providing services for TBI clients; and

7. to explore counselors general knowledge of TBI.

Methodology

Surveys were distributed to rehabilitation counselors via supervisors and state training directors. Since Mississippi distinguishes between general and blind rehabilitation counselors the respondents were identified in this manner. The number of counselors in Mississippi is approximately 120. From this group (14 blind and 55 general) agency counselor usable surveys were acquired and subjected to data analysis. The survey is presented in Appendix A.

Results

The results of the data analysis are presented by objectives:

Objective 1

Counselors ranked the most problematic Domains of Impairment on a scale from 1 to 7, with 1 being the most problematic and 7 being the least, as follows:

1. Psychological (2.543)
2. Physical (3.200)
3. Independent Living (3.514)
4. Vocational (3.957)
5. Financial (4.671)
6. Social (4.871)
7. Educational (5.145)

Counselors from the blind agency rated the Financial Domain significantly less of a problem than general agency counselors ($p < .03$).

Objective 2

Counselors ranked the degree of importance placed on Domains of Impairment on rehabilitation outcomes on a scale of 1-5 with five being the most important as follows:

1. Psychological (4.32)
2. Vocational (4.20)
3. Independent Living (4.029)
4. Physical (4.014)
5. Social (3.729)
6. Educational (3.565)
7. Financial (3.529)

Counselors from the blind agency considered the Financial Domain ($p < .01$) and Educational Domain ($p < .04$) significantly more important in rehabilitation outcomes than general agency counselors.

Objective 3

Three specific areas under each of the seven Domains of Impairment were ranked on a three point scale with one

being the most problematic and three being the least problematic with the following results:

A. Educational Domain:

2.246 deficit pre-injury education

1.457 problems in learning new information

2.371 non-availability of appropriate educational resources

B. Financial Domain:

1.870 reduced income due to job loss

2.543 reduced income due to caretaker's job reduction/ loss

1.629 inadequate insurance benefits to cover medical and rehabilitation costs

C. Independent Living:

1.588 dependent on assistance in household activities

2.000 non-availability of housing adapted for disabled individuals

2.420 limited community mobility

D. Physical Domain:

2.029 reduced ability to ambulate

1.841 reduced ability to use hands and arms

2.217 reduced ability to communicate

E. Psychological Domain:

2.029 problems with learning and memory

1.871 problems with emotional control (emotional disturbance, anger, degression)

2.157 problems with behavioral control (impulsivity, recklessness, apathy)

F. Social Domain:

2.386 reduced frequency of social contacts

1.700 changed roles within the family system

1.900 family member's reaction to changes

G. Vocational Domain:

1.614 physical limitations

1.729 psychological limitations

2.671 accessibility problems

There were no significant differences in ranking by general and blind agency counselors in specific areas under each domain.

Objective 4

Thirty seven out of the sixty counselors showed 0-5 TBI clients served, while twelve served 6-10, five served 11-20, four served 21-50 and two served more than 50. In addition 96.7% of the counselors indicated that the proportion of their caseload was less than 5% and 3.3% indicated a caseload of 4-25%. The average number of years of employment for counselors from the general agency was 9.1. The average number of years of employment for blind agency counselors was 4.4.

Objective 5

Rehabilitation services and frequency of availability for TBI clients as reported by Mississippi Counselors are listed in Table 1, page .

Objective 6

Treatment resources utilized by TBI Clients as reported by Mississippi Counselors are Reported in Table 2, page 10 .

Objective 7

To explore the counselors' general knowledge of TBI five statements were presented to the counselors for their reactions. These statements were to be checked as either true, mostly true, mostly false or false. For quantification these will be ranked from 1 (true) to 4 (false) analysis of the counselors' reactions and summarized in Table 3, page 11.

Although counselors were reacting in the desired direction 60 percent of the time (3 of 5) the averages were very close to the dividing point (2.5) in each case. This is a positive reaction but could be much stronger.

Table 1: Rehabilitation Services and Frequency of Availability For TBI Clients as Reported by Mississippi Counselors

Services	Available	Not Available	Total
1. Physical Therapy	61	7	68
2. Speech Therapy	59	9	68
3. Occupational Therapy	42	26	68
4. Neuropsychological Testing	34	34	68
5. Family Support & Therapy	43	25	68
6. Return to Formal School	49	19	68
7. Vocational-Technical School	56	12	68
8. Day Treatment Programs	32	36	68
9. Vocational Assessment	49	19	68
10. Vocational Counseling	60	8	68
11. Work Behavioral Training	43	25	68
12. Device Prescription for Adaptive Equipment	32	36	68
13. Cognitive Retraining Therapy	19	49	68
14. Sheltered Workshops	51	17	68
15. Nutrition Services	42	26	68
16. Independent Living Centers	21	47	68
17. Recreational Therapy	26	42	68

Table 2: Treatment Resources Utilized by TBI Clients as Reported by Mississippi Counselors

Treatment Resources	Yes	No	Total
1. Physical Therapy	13	33	68
2. Speech Therapy	27	41	68
3. Occupational Therapy	21	47	68
4. Neuropsychological Testing	25	43	68
5. Psychological Therapy	26	42	68
6. Family Support and Therapy	17	51	68
7. Return to Formal Schools	14	54	68
8. Vocational-Technical Schooling	24	44	68
9. Day Treatment Programs	8	60	68
10. Vocational Assessment	41	27	68
11. Vocational Counseling	46	22	68
12. Work Behavior Training	23	45	68
13. Device Prescription for Adaptive Equipment	12	56	68
14. Cognitive Retraining Therapy	5	63	68
15. Sheltered Workshops	29	39	68
16. Nutritional Services	6	62	68
17. Independent Living Centers	7	62	68
18. Recreational Therapy	6	62	68

Table 3 Mississippi Counselors Reactions to Statements Regarding General Knowledge of TBI.

Statement	True (4)	Mostly True (3)	Mostly False (2)	False (1)	Ave.	Reaction Desired	Reaction
a. Wearing seatbelts causes as many head injuries as it presents.	0	2	13	47	1.27	-	-
b. When people are knocked unconscious, most wake up with no lasting effects.	15	30	6	16	2.66	+	+
c. When a blow to the head causes amnesia, people can forget who they are and not recognize others, but will be normal in every other way.	16	29	3	7	2.98	-	+
d. Sometimes a second blow to the head can help a person remember things that were forgotten.	6	10	22	28	1.91	-	-
e. How quickly a person recovers from a head injury depends on how hard they work at recovery.	3	23	21	20	2.13	+	-

Summary

The use of and choice of resources utilized by counselors seemed to indicate a lack of knowledge of state-wide services and resources available for this population. Administrators probably should initiate training in assessment, identifications and treatment (services available) of TBI clients.

In general, counselors seemed to have a fair to good overall knowledge of TBI behavior but lacked specific work experience with this population. This initial thrust to obtain baseline data has been fruitful in that it has provided an actual ranking of Domains of Impairment as to their likelihood as problems and by their Degree of Importance.

REFERENCES

Kaplan, Steven (1988). "Adaptation following serious brain injury: An assessment after one year." Journal of Applied Rehabilitation Counseling, 19 (3), 3.

National Head Injury Foundation (1984), Cognitive rehabilitation: Questions and answers. (Publication number B0284 7/85/500). Framingham, MA: Author.

National Institute of Handicapped Research *1986). The silent epidemic: Rehabilitation of people with traumatic brain injury, Rehab Brief, 9 (4), 1-4.